Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931 Fax 978-671-0919
Web Site www.town.billerica.ma.us

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF BILLERICA
APPLICATION FOR PERMIT TO OPERATE A HOTEL/MOTEL
Pursuant to Billerica Board of Health Regulations Chapter 3, Section 3.14.001

PLEASE PRINT

_____ NEW _____ RENEWAL DATE _____

NAME OF ESTABLISHMENT _____
BUSINESS ADDRESS _____TELEPHONE # _____
MAILING ADDRESS (IF DIFFERENT) _____
E-MAIL ADDRESS _____
NAME & TITLE OF APPLICANT _____TELEPHONE # _____
ADDRESS OF APPLICANT _____
NAME OF OWNER (IF DIFFERENT FROM APPLICANT)_____
IF CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE & HOME ADDRESS OF OFFICERS OR PARTNERS

NAME TITLE HOME ADDRESS

_____
_____

STATE OF INCORPORATION_____ NAME & ADDRESS OF LOCAL AGENT _____
EMERGENCY RESPONSE PERSON: NAME _____TEL # _____

PLEASE CHECK _____ HOTEL _____ MOTEL NUMBER OF ROOMS _____

TOTAL FEE DUE: _____ **PAYMENT IS DUE WITH APPLICATION**

WATER SOURCE _____ SEWAGE DISPOSAL _____
DAYS & HOURS OF OPERATION _____

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____
Federal Identification Number

_____
Print Name of Individual

_____
Signature of Individual or Corporate Name

by_____
Corporate Officer (if applicable)

RECEIVED